

3

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. 20 - 039
DATE PAID: 5 3 5 5 6 8
RECEIPT #: 150566

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [] Holding Tank [] Innovative [] Existing System [X] New System] Repair [] Abandonment [] Temporary [] APPLICANT: TELEPHONE: 386-755-6372 AGENT: Robert W. Ford North Florida Septic Tank Inc; MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025 TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. PROPERTY INFORMATION SUBDIVISION: CONNON CYCCK PLATTED: zoning: ____ i/m or equivalent: [Y/N] PROPERTY SIZE: U, D | ACRES WATER SUPPLY: [/] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD DISTANCE TO SEWER: & FT IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/M PROPERTY ADDRESS: to Sw Haver Hill Glam +/2 to END ON & [X] RESIDENTIAL [] COMMERCIAL BUILDING INFORMATION Building Commercial/Institutional System Design No. of Unit Type of Area Sqft Table 1, Chapter 64E-6, FAC Bedrooms Establishment No

SIGNATURE: Kocky D. 7

[] Floor/Equipment Drains [] Other (Specify)

DATE: 5 000

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0391 Lot 20 Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: Site Plan submitted by: Roleut W Plan Approved Not Approved

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO.	20-839	10
DATE PAID:	5/2011	DE
FEE PAID:	310.6	0
RECEIPT #:	15056	17

APPLICATION FOR CONSTRUCTION PERMIT		
APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: HOLD ON LY INC		
AGENT: Robert W. Ford North Florida Septic Tank Inc; TELEPHONE: 386-755-6372		
MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025		
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.		
PROPERTY INFORMATION		
LOT: 2 BLOCK: SUBDIVISION: CANNON CYCCK PLATTED:		
PROPERTY ID #:24-45-10-031A-121 ZONING: I/M OR EQUIVALENT: [YN]		
PROPERTY SIZE: 0 5 ACRES WATER SUPPLY: [/] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD		
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: FT		
PROPERTY ADDRESS: 130 HOVEY HILL GIM		
KICKLIANTER, TO PROPERTY: TAKESINSISTERS WELCOMERA TO SINI KICKLIANTER, TAKE SINI PREVAID CONNER DY TOSW. Arowbend +12 to Haver Hill +12 to END ON (2)		
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL		
TAT RESIDENTIAL [] COMMERCIAL		
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Soft Table 1 Chapter 64F-6 FAC		
1 Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC		
2		
3		
4		
SIGNATURE: Rocky D 7 D DATE: 5/20/20		

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0390

Scale: Each block represents 10 feet and 1 inch = 40 feet. 1 Notes: Site Plan submitted by: Robert W Plan Approved Not Approved County Health Department LL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT